The Massachusetts General Hospital has quite a large library, a system of exchange being conducted by the nurses in taking out the books. Magazines and reference books are not taken from the reading-room, but general books may be taken to the nurses' rooms, the nurse entering her name and date on the register when she takes the book out and crossing it off when it is returned—in not longer than two weeks.

There was some discussion about losses, but the opinion prevailed that the losses were few and the nurses very careful.

THE LEGAL RESPONSIBILITY OF THE NURSE *

By WALTER H. SAUNDERS
Of the St. Louis Bar

The subject of my lecture to-night is "The Legal Responsibility of the Nurse." From an early age until death each person is charged with various responsibilities—some are moral and some are legal. The nature of these responsibilities depends very largely upon the place in society which the person fills and they vary in proportion to the various callings of life. Some have heavy responsibilities, some have light responsibilities; some fill a wide range of usefulness, and the efforts of others are restricted to a very narrow range. The king on his throne, and the president of a great republic, as well as the humblest ditch-digger, or the most astute lawyer, or the most skilful surgeon, are alike subject to the universal rule of responsibility. The difficult matter for many of us to appreciate is that responsibility is individual and ought to be so. So often we are prone to shirk obligations which have been properly placed upon our shoulders, and to shift to someone else the performance of a duty which essentially belongs to us. The object of all law is to fix responsibility. "And Nathan said unto David, 'Thou art the man.'"

The term "legal responsibility," in its general sense, means that responsibility which the law attaches to particular conduct. The rules of law are not arbitrary. They are not contained in a sealed book, which can be opened by none except those learned in the profession. They are the rules of common-sense, justice, and morality which reflect the settled opinion of each nation. Too many people are apt to think that the rules of legal responsibility are vague, indefinite, and unknown, and that a person of ordinary prudence and care may frequently transgress

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the rules of law, as applied to the responsibility of an agent, without in any way intending to violate them.

A trained nurse is an agent with a particular training fitting her for that calling, and it is safe to assert that, if she acts honorably, uprightly, and conscientiously, and uses reasonable skill, she will never transgress any law, either civil or criminal. Her occupation is a singularly responsible one. In her hands are often placed the issues of life and death. The question of Cain, "Am I my brother's keeper?" which has come ringing down through the ages, should have a peculiar significance to her.

The laws are no more of a burden to those who wish to obey them than the air we breathe. It is not necessary for an agent to know the technical rules of law in order to always conform to them. Granted a faithful and conscientious agent, and I am safe in saying that perhaps not once in a long lifetime would such an agent, even without any knowledge of law, transgress the most technical of its rules. I make these preliminary remarks to dissipate the common idea that the rules of law governing agency are enshrouded in an impenetrable mist.

The first duty of the agent is to be entirely loyal to his trust, and so the first duty of the trained nurse, a highly skilled agent, is to be loyal to her patient. Loyalty to the patient carries with it the obligation to obey instructions given by the attending physician unless they are so plainly wrong that there can be no question as to their being unwise, and not to be negligent at any time in the discharge of the duties assumed. Ordinarily, of course, a nurse should follow out to the letter the instructions of the attending physician. In following out to the letter the careful instructions of a competent physician the trained nurse incurs no liability; but there are emergencies when she must exercise her own independent judgment, and then her legal responsibility begins.

Negligence assumes a thousand different shapes. Wherever a person is careless or lacking in diligence, which may spring either from laziness or the lack of the spirit of conscientious labor, his conduct may involve him in either civil or criminal liability. This brings me to the division made in law of the consequences of negligence. Negligence may entail either civil liability, by which is meant the obligation to respond in damages, or criminal liability, by which is meant prosecution for crime, carrying with it fine and imprisonment. Very often an agent is guilty of negligence which entails only civil liability, but no criminal liability, because there is no criminal intent. Both civil liability and criminal liability spring from conduct either active or passive, commission or omission, or, in the language of the law, malfeasance and non-feasance. You may be liable either because you omit to do something or because you do something. A nurse who sits with folded hands and does nothing

is frequently more liable, both civilly and criminally, than the nurse who actively endeavors to do something. A nurse who under certain conditions would go to sleep while attending a patient would be just as clearly culpable as a picket who would go to sleep when guarding his army from a hostile foe.

It would be, indeed, a strange rule of law that an agent could be careless, kill a person, or inflict severe bodily injury and yet not be civilly responsible.

In examining the law-books on the subject I find that the liability of a trained nurse has never yet been determined, because, so far as I have been able to investigate, none of that profession has ever been sued. This is due to three causes:

First: Trained nursing, as a profession, has only become common within the past twenty years. It is one of the spheres of great usefulness recently opened to women. The prophetic eye of John Stuart Mill, the great English philosopher, who wrote, years ago, a little book entitled "The Emancipation of Women," enabled him to clearly foresee the immense importance of woman as an active factor in civilization, when emancipated from mediæval restrictions, legal, social, and professional, which had stunted her growth and narrowed her sphere of influence.

Second: A trained nurse has generally been able to shelter herself either behind a physician's instructions or lack of instructions, and,

Third: The general tendency in the United States, ever since the foundation of our government, has been not to hold physicians to a high measure of accountability for their acts, and this rule applies in an even greater degree to trained nurses.

I am very glad, however, to say that with the development of higher civilization in this country a stricter measure of liability is being imposed upon physicians, and the day is not far distant when a physician who murders a patient either from inexcusable ignorance or because of the application of a treatment which could never, under any circumstances, effect a cure, when there is a well-known specific, will be held liable for negligent homicide.

It is enough to distress anyone to note the extraordinary disregard for human life in this country and the reckless indifference often shown in the conduct of private and public affairs.

Jules Verne, in his book, "Around the World in Eighty Days," ridicules in a well-remembered scene the utter recklessness of Americans. His hero, Phileas Fogg, is travelling from San Francisco to New York, accompanied by his French servant, Passepartout, on a fast through-train in order to complete his trip around the globe within the specified time. The train was flagged on the west side of a bridge crossing

Medicine Bow, and the flagman informed the engineer and conductor that the bridge was in a dangerously weak condition and quite certain to collapse if the train attempted to cross, the chances being even. By that time some of the passengers, including Passepartout, had alighted from the train and listened to the conversation. After some investigation and discussion one of the passengers declared that there were eighty or ninety chances out of one hundred that the train would pass over safely, and the passengers then decided to proceed. The Frenchman attempted to suggest that the safe way would be for the passengers to walk across the bridge and let the train follow, but his idea was contemptuously repudiated with the suggestion that he was a coward, and for the further reason that it would entail the loss of several hours' time. The Frenchman indignantly denied that he was a coward and declared that he could be "as American as they." The train then backed a mile to get a long flying start, and at a terrific rate of speed crossed the bridge, which fell into the canyon just as the train left it. This sketch is far from being overdrawn.

Within the past four months, in New York and the vicinity, so the papers state, seven hundred and ninety-three people have been injured by automobiles and sixty-two killed. The largest fine, I believe, has been one hundred dollars. No doubt some damage suits have been filed, but no one has been prosecuted for negligent homicide. I confidently believe that reckless scorching on the streets and highways, causing death, will never be stopped until some of the chauffeurs and their employers who are riding at the time of the accident and frequently urging their chauffeurs to greater speed—in the language of the law aiding and abetting—are sent to the penitentiary for their brutal disregard of human life. It appears from the last report of the Interstate Commerce Commission that three thousand seven hundred and eighty-seven people were killed in this country by the railroads last year, three thousand three hundred and sixty-seven of the number being employés, and that fifty-one thousand three hundred and forty-three were injured. The report for the preceding year shows that three thousand five hundred and fifty-four were killed and forty-five thousand nine hundred and seventy-seven injured. The papers assert that during the last year in England not a single passenger was killed by a railroad. This statement is incorrect, but the fact remains that railway travel in England, after making due allowance for different conditions, is far safer than in this country. I think I am safe in asserting that last year within a radius of two hundred and fifty miles of St. Louis not less than one hundred passengers were killed.

Within the past six or seven years in St. Louis there have been as many as seventy-five persons killed in one year by street-cars and from

thirty to fifty injured on an average a day, and yet no person has been punished. So far as I am informed, in the United States, last year, with all the dreadful slaughter by railroads, which I have recorded, not a single person was convicted of negligent homicide. The operator who goes to sleep at his post and runs two trains together, and the engineer and conductor who fail to read orders or fail to read them properly, seem to be held accountable by no person for the frightful loss of human life directly caused by their negligence. The railroad manager who works employés for twenty-four hours on a stretch seems to be highly respected, even though his slave-driving tactics result in a frightful loss of human life directly due to the inevitable exhaustion of the train hands.

These introductory remarks are made for the purpose of showing you how little human life is esteemed in this country, but the time is soon coming when a high measure of individual liability will be exacted of each person and criminal carelessness will be punished, not by a damage suit, but by a sentence to the penitentiary.

The two divisions of legal liability are civil and criminal, and I shall discuss each of them in turn.

The law exacts of every agent who receives remuneration for his services that he have reasonable skill and ordinary diligence, that he be possessed of the skill ordinarily possessed and employed by persons of common capacity engaged in the same employment, and that he shall exercise that degree of diligence for the best interests of his principal. He is, therefore, liable for any injury to his principal occasioned by want of ordinary skill or of ordinary diligence. While it is impossible, as I have stated, to find any cases on the subject of the legal liability of the trained nurse, still, I think that the rule applied to physicians and surgeons will in a modified measure apply to trained nurses. A physician is required by the law to have

First: A reasonable degree of knowledge, skill, and experience;

Second: To exercise ordinary care and diligence, and,

Third: To use his best judgment in all cases of doubt as to the best course of treatment.

A trained nurse will certainly be required to possess a reasonable degree of knowledge, skill, and experience, to exercise ordinary care and diligence, and, whenever she is compelled to use her own judgment, to use her best judgment.

There have been hundreds of cases filed against physicians for civil malpractice. One of the most common damage suits against them grows out of the improper setting of fractures or the failure to reduce a dislocation. While I have stated the ordinary rule in regard to a physi-

cian's liability, the courts do not exact the same degree of knowledge, skill, and care of a physician practising in the mountains of Kentucky or the wilds of Colorado as in the City of New York or Chicago. The rule, therefore, is modified to this extent:

Physicians are required to exercise only that degree of care and skill which physicians practising in similar localities ordinarily possess and exercise. Another modification of the rule is this: That a physician is required only to exercise that degree of care which is exacted by the school of medicine which he practises and which the advanced state of the profession at the time the services were rendered requires. In other words, the practice of the particular school governs and a homœopath is not required to follow the regular school, and *vice versa.*

As long ago, however, as 1848 the Supreme Court of Iowa said in a damage suit against a botanic physician:

"It is to be lamented that so many of our citizens are disposed to entrust health and life to novices and empirics, to new nostrums and new methods of treatment. But these are evils which the courts of justice possess no adequate power to remedy. Enlightened public opinion and judicious legislation may do much to discountenance quackery and advance medical science."

This prophetic hope has to some extent been realized in this country, and no physician sued for malpractice would care to rely upon the defence that his school was grossly ignorant of the laws of medicine and health. As a rule, the law requires a physician to follow the established practice, and a trained nurse in administering medicine or attending the patient would be required to conform to the established practice when there is no question as to what that practice is, and a failure to do so will be negligence. Neither a physician nor a trained nurse who undertakes a case would have the right to retire from it without any reason, and the reason inducing such withdrawal ought to be of the most imperative character. No light or frivolous reason would justify such conduct.

There is another point which both physicians and nurses sometimes lose sight of, and that is this: Gratuitous services are sometimes supposed by them to entail no liability. In other words, the charity patient must take what he can get and be duly thankful for it. A little reflection, however, will convince anyone that this is not the law and ought not to be. Whenever a physician or a nurse undertakes a case, it is his or her duty to render the best service in his or her power, and there can be no excuse, either moral or legal, for a less degree of care to a charity patient than to one who is able to pay and who does pay the highest charge ever made. Many a physician has found to his sorrow in a

damage suit that a charity patient has as high a claim upon him as a pay patient.

State or city hospitals, branches of the State or city government, and charity hospitals under private auspices are almost universally exempt from damage suits for malpractice of the physician practising therein. The physicians in such institutions are rarely ever sued for malpractice, because the difficulty of recovery would be very great. For that reason their sense of responsibility to their helpless patients ought to be the more acute. Purely experimental treatment under such conditions should be severely reprobated. The trained nurse in such an institution who becomes lax or careless, simply because she knows that not even a well-founded complaint against her will receive attention, soon strikes the toboggan slide of brutal inefficiency.

There is another point to which I wish to call your attention: A surgeon has no right to operate upon a patient without securing his consent, and a trained nurse has no right to assist in an operation when she knows that the patient has been put under the influence of an anæsthetic with the distinct promise on the part of the surgeon that he would not operate. There can be no question as to the liability of a nurse when she hears a surgeon promise a patient either that there will be no operation at all, or, at most, a minor operation, and then agrees with the surgeon before the patient is narcotized that she will assist in a major operation. She then becomes an active party to the deceit. Some surgeons think that they are justified in tricking a patient into an operation where in their opinion it is necessary to save life or to prevent very serious consequences. The law, however, does not justify such conduct.

Very recently, in Chicago, a judgment for three thousand dollars in a damage suit against a surgeon was affirmed on the ground that the evidence showed that the plaintiff had been told by the surgeon, before being put under the influence of the anæsthetic, that the operation was a minor one, and thereupon he performed a laparotomy. His defence was that her condition required the operation, but that there was no justification for his deceit.

A physician is required to make a correct diagnosis, if a physician of ordinary care and skill in similar localities would diagnose the case correctly. His failure to do so renders him liable.

It often happens that a patient is recalcitrant, and refuses to follow the instructions of a physician or a trained nurse. In such a case a patient injured by the failure to obey instructions is guilty of what the lawyers call contributory negligence, by whch is meant that he is responsible for his own misfortune and therefore cannot recover. If a trained

nurse sees that a patient refuses to follow reasonable instructions, and that it is certain that the result will be serious injury, then the nurse upon notifying the physician and the family of this attitude would be justified in retiring from the case. A nurse should not remain in a position where she knows the patient will be seriously injured by his own obstinacy and expose herself to the claim that her carelessness caused this result.

It has been held that a physician is not liable for the results of carelessness of nurses when he exercised no control over them in the particular matter complained of, unless his own carelessness contributed to the injury. But it is certain that the courts would hold the nurses personally liable for such carelessness.

In concluding this branch of the lecture, namely, the civil liability of the trained nurse, the rule can be summarized as follows:

A trained nurse is required to possess ordinary skill and knowledge and to exercise ordinary care and diligence under all conditions, and when required to use her own judgment must use her best judgment.

The measure of liability as to physicians is becoming more and more strict all the time, and they have found it necessary to carry liability insurance to protect themselves from damage suits. The day may come when trained nurses will have to fortify themselves in the same way, but the point I want to urge upon you now is that your responsibility is individual, and that there is no excuse for careless, lazy, and slovenly work, either in law or in morals.

I will now pass to the second division of my lecture—the criminal liability of the trained nurse.

The criminal liability of the trained nurse can be best determined by the somewhat analogous liability of a physician.

In the English courts it has been held for a long time that if the ignorance or negligence of a physician is gross, then the criminal intent will be implied.

Chief-Justice Parker said in a famous English case:

"I call it acting wickedly when a man is grossly ignorant and yet affects to cure people, or who is grossly inattentive to their safety."

Mr. Justice Miller said in another English case:

"If a man knew that he was using medicine beyond his knowledge and was meddling with things above his reach, that was culpable rashness. Negligence might consist in using medicine in the use of which care is required and of the properties of which the person using them is ignorant.

A person who so takes a leap in the dark in the administering of medicine is guilty of gross negligence."

Under the English law physicians have frequently been prosecuted

for criminal carelessness and in a number of instances convicted. In England it has been held that where a physician gives poison, without knowledge or without taking pains to find out its effects, he will be guilty of manslaughter, if death results.

In England a physician was held criminally liable where corrosive sublimate was applied as a remedy for cancer, and in another case where the same drug was given as an emetic to remove mercury from the system. In England where a physician administered colchicum to a person laboring under a disease of the heart, which drug tends to weaken the heart's action, and death resulted, it was left to the jury to say whether or not the physician was guilty of manslaughter.

In England a chemist who put laudanum in a bottle labelled paregoric, which was given to a nine-year-old child and caused his death, was held guilty of manslaughter.

In England a surgeon has been held guilty of manslaughter who used dangerous instruments without proper skill and care and thereby caused death. Familiar instances of negligence on the part of the trained nurse are giving overdoses of medicine, or the wrong medicine, or failing to give medicine as prescribed, or failing to keep the bedside record, or falsifying it, or burning by too hot an application.

One of the English courts well said:

"It is not a crime to administer medicine, but it is a crime to administer it so carelessly and rashly as to produce death."

It will be seen from these English cases that the measure of criminal liability applied to a surgeon or physician is very strict. I think quacks, empirics, and ignoramuses ought to be run out of every learned profession.

The Chinese law, which subjects the president of a bank to capital punishment because one of the subordinates has embezzled its funds, is not without some justification. It may strike us, in this highly civilized nation, notwithstanding our reckless disregard for human life in some directions, as bloodthirsty, but I am inclined to believe that the law is in some aspects wholesome, because it makes the principal responsible for the act of the subordinate and prevents embezzlement and dishonesty. I do not wish to be understood as saying that a similar law ought to be enacted in this country, but I can well understand how, from the Chinese standpoint, the law could be well defended.

The criminal liability of physicians in this country was for many years a vanishing quantity. Anybody who tacked "M. D." after his name was allowed to kill without let or hindrance, and the people at large looked up to physicians with a kind of pious veneration, which the ignorance of many of the profession by no means justified.

Strange as it may seem, many persons in the early history of this country, who had a taste for medicine and thought themselves gifted with the power of healing, undertook to practise medicine without knowing the difference between an artery and a bone. They looked wise and slaughtered their patients with grave faces and then consoled the survivors by telling them that "human skill and diligence could avail nothing." If they had had the sense to let nature alone, it is certain that in many cases their patients would have recovered, but their reckless interference with natural processes ofttimes resulted in disaster.

The earliest case in this country in which a physician was prosecuted for negligent manslaughter was tried in Massachusetts, in 1809. His name was Doctor Samuel Thompson, founder of the Thompsonian system of medicine, sometimes called the botanical system, or steam system. He professed his ability to cure all fevers, whether black, gray, green, or yellow. He possessed several drugs which he used as medicine and to which he gave singular names; one he called "coffee;" another, "well-my-gristle," and another, "ramcats."

He undertook to attend a patient, and the report of the case indicates that the patient vomited himself to death by reason of the administering of these drugs. When the patient was in the throes of death, this learned disciple of Æsculapius remarked to the father that his son had got the hyps like the devil, but that his medicine would fetch him down, meaning, as the father thought, would compose him. The medicine fetched him down to a very early and untimely grave. Doctor Thompson, the founder of that great school of medicine, was prosecuted for murder, but the Supreme Court of Massachusetts held that a conviction could not be sustained.

The court said, commenting upon a universal phase of human nature which has existed in all ages:

"It is to be exceedingly lamented that the people are so easily persuaded to put confidence in these itinerant quacks and to entrust their lives to strangers without knowledge or experience. If this astonishing infatuation should continue and men are found to yield to the impudent pretensions of empiricism, there seems to be no adequate remedy by a criminal prosecution without the interference of the Legislature, if the quack, however weak and presumptuous, shall prescribe with honest intentions and expectations of relieving his patient."

Observe how different this is from the English rule already quoted, announced by Chief-Justice Parker in a case where a physician was prosecuted for manslaughter:

"I call it acting wickedly when a man is grossly ignorant and yet affects to cure people, or who is grossly inattentive to their safety."

Following the famous Massachusetts case just cited, the Supreme Court of Missouri held, in 1844, that a botanic physician who killed a patient by gross negligence could not be convicted, because there was nothing to show that he intended to kill the patient.

The Supreme Court of Iowa also followed the Supreme Courts of Massachusetts and Missouri in declaring that wilful intention to do wrong must be shown before a physician, no matter how ignorant, could be convicted of manslaughter, where the patient dies as a result of bad treatment.

In 1884, in the case of Commonwealth *v.* Pierce, the Supreme Court of Massachusetts practically repudiated the doctrine of the Thompson case and affirmed a conviction of manslaughter where the defendant, a physician, was prosecuted for negligent homicide. He had the patient wrapped for three days in flannels saturated with kerosene, from which her flesh became so burned and blistered as to cause death. The defence was that he did not intend to injure the patient. The court refused to follow the Thompson case and adopted the far stricter English rule of criminal liability. This decision, rendered by Judge Oliver Wendell Holmes, now a distinguished justice of the United States Supreme Court, is sound in law and establishes a proper standard of professional responsibility.

It will perhaps interest you to know that the Supreme Court of Missouri, on March 15, 1905, in a civil case, held that an osteopath who undertook to treat a child for a partial dislocation of the hip, but really suffering from hip disease, and thereby caused a shortening of the leg and curvature of the spine, was liable for damages. In this case it appears that Dr. Charles E. Still, of the A. T. Still Osteopathic Infirmary at Kirksville, treated the child by the osteopathic method. The child no doubt would always have had some trouble because of the hip disease, but the Supreme Court held that she was not only entitled to proper treatment, but also entitled to a proper diagnosis, because ordinary professional care and skill would have shown the presence of hip disease. Dr. Still diagnosed the case as a partial dislocation of the hip and treated it on that theory. The declaration of civil liability in this case is a long step towards the declaration of criminal liability when the proper case arises.

I do not know whether the osteopath who professes to cure every ill to which flesh is heir by bone manipulation, or the Christian Scientist who professes to achieve the same result without any treatment whatever, is to be the most condemned.

The day will come, and come very soon, when a Christian Scientist who allows his child to die of diphtheria without medical treatment, or

to have a crooked leg or arm for life because a fracture has not been set, will not only be prosecuted, but convicted. Physicians are now held to quite a high measure of criminal accountability in some States in the United States, and there is a disposition in a number of the States to follow the English doctrine and to hold a physician criminally liable for negligent manslaughter who is grossly careless or grossly ignorant.

It is rather curious that the Supreme Court of Arkansas, in 1882, first adopted the English doctrine.

In nearly all the States in this country there is now a State Medical Examining Board which is presumed to exclude from the profession the densely ignorant aspirants for medical or surgical honors. No doubt, in twenty years from now the professional standard among physicians will be raised, but it will take some time to eliminate from the profession, by death, retirement, and damage suits, those persons who were admitted prior to the time when the State Examining Board was instituted.

I recall that a few years ago there was a medical college in one of the cities of the United States, and I believe several, in the same city, which agreed to graduate a student as a complete physician and surgeon within five months, provided, of course, he paid his tuition fees. His diploma was simply a receipt for so much money and a certificate of dense ignorance of the subjects in which he was supposed to have graduated. The country was flooded with physicians of that character, especially in those States where the requirements for admission were very lax.

Such physicians ought to be driven out of the profession by a rigid civil as well as a rigid criminal liability for their professional negligence.

It is only a question of a few years until trained nurses will be examined by a State Examining Board and regularly licensed to practise, just as lawyers and physicians are now licensed in most of the States. In various States they are now making an effort to secure State registration, which will tend to fix their legal status and to eliminate the unfit.

I deem it my duty to call attention to one very alarming national question—race suicide—which has recently been discussed vigorously by President Roosevelt and Ex-President Cleveland. The evil none can deny, and its overshadowing importance is admitted by all sociologists. In this city and in every large city of the United States and Europe, and in many small ones, there are physicians and midwives who destroy life at its very source—the crime against which Edmund Burke thundered so eloquently in his famous impeachment of Warren Hastings—for the sole purpose of relieving the woman of the cares of maternity. In the commission of this infamous crime, which ought to be punished by death, if any crime deserves that penalty, they are often assisted—God save the mark!—by trained nurses. The country should welcome the day

when both the physician and the nurse who assists are properly punished for this crime of crimes, and that day, in my opinion, is not far distant.

In conclusion, the following point should be emphasized: If a physician undertakes to commit a criminal act, as, for instance, an abortion (when not required to save the life of the mother), or is criminally careless in a matter as to which a trained nurse must know better, and the nurse either deliberately aids in the criminal act or is guilty of the same criminal carelessness, both are equally liable. The nurse cannot shield herself behind the ignorance or carelessness of the physician, when the ignorance or carelessness is so gross that even a nurse of ordinary care and skill ought to know better. I urge you not to think that blind obedience to a physician, who, you know or should know, is doing wrong, will exonerate you from liability. Under such circumstances you must be more than a mere automaton. The physician is not infallible. The safest plan is to decline to nurse for a physician in whom you have no confidence, or who practises a school of medicine in which you do not and cannot believe. You are, as a rule, under no obligation to take any particular case, and certainly not required to nurse for a physician whose treatment you know to be improper.

Remember that you must always maintain a high ethical and moral standard, and, if you do, you may be sure that you will never become involved in either civil or criminal liability. Do not develop the itching palm, and think that your success is measured by the amount which you earn. In no calling will the dollar standard produce the best results. We have high authority for the statement, "A man's life consisteth not in the abundance of the things which he possesseth."

Your profession is a noble one, and should never be prostituted to unworthy objects. It is your mission to be a source of help and comfort to the living and of consolation to the dying. In the best sense of the term you can be an angel of mercy, and, therefore, you should steadfastly maintain high ideals in all the trials of life. Your calling, I repeat, is a high and holy one, and you should be justly proud of it. Remember that contempt for a calling begets inferior work, and speedily brings its own punishment.

Think of Florence Nightingale, the heroine of the English-speaking race, whose devotion to duty as a volunteer nurse during the Crimean War carved out for her a high niche in the temple of fame. The semi-centennial of her departure to the Crimea was celebrated recently in London with appropriate ceremonies, and certainly no private individual ever elicited such universal expressions of love and good-will as those bestowed on that occasion upon the heroic nurse.

Think of the devoted women who nursed the soldiers in improvised hospitals during the Civil War in this country, and without reward, except the consciousness of duty nobly done, risked their lives to alleviate suffering.

Think of the nurses who volunteered to go to the cities of Memphis and New Orleans, in 1878 and 1879, when those cities were stricken with yellow-fever epidemics, and when at times there were not enough living and well to bury the dead. The scenes of the great London plague were then duplicated, and yet into hovels where ofttimes both the dead and the dying lay, these noble women carried their ministrations of love.

Again, in the narrow circle of this institution, think of the devoted nurses who, during the great cyclone of 1896 in this city, clung to their patients when the hospital walls were falling.

Instances of self-sacrificing devotion on the part of trained and volunteer nurses might be multiplied, but these are enough to afford inspiration to any nurse who takes a serious view of the honor, dignity, and opportunities of her profession.

Be careful, be diligent, be upright, be honorable, be earnest, be loyal, be conscientious in all your professional relations, and use reasonable skill, and you need have no fear of the result.

INGENUITY AND PRIVATE NURSING

By ANNA H. ROSS
Philadelphia

Lord Nelson's famous motto, "England expects every man to do his duty," has since become a watchword on many occasions. Success in any profession depends always upon some such interpretation of *noblesse oblige*. A similar rendering will express very well the relative positions of the councils of nurses to the individual nurse. The body politic achieves registration and matters of major importance all for the benefit of each individual nurse in private practice. She in her turn should be keenly alive to all the advantages she gains thereby.

The life of the private nurse is at best a trying one, in spite of the heavy fees she is supposed to draw, so we are willing to allow her every margin in the matter of criticism. Nevertheless, she does not live up to her best when she takes but an indifferent interest in the life and work of her fellows. Constantly we hear accounts of the inventions and adaptations of hospital nurses; but how seldom does anything come